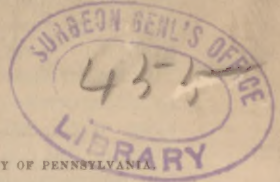


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RECURRENT HERPES ZOSTER.

By M. B. HARTZELL, M.D.,

ASSISTANT IN DISPENSARY FOR SKIN DISEASES, HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.



Our knowledge of recurrent zoster is of comparatively recent date, and, as yet, the number of cases in which two or more attacks have been reported is quite small. O. Wyss,¹ in 1871, communicated the particulars of a case in which he believed himself justified in assuming that the attack then under observation was the second one, on account of the presence of cicatrices, and the statement of the patient that he had had an exactly similar eruption thirty years before. It was, however, so late as 1874 that the first case of recurrent zoster with a complete history was published by Kaposi.

Because of its rarity and other features of an unusual character, the following case is of considerable interest, and has been thought worth reporting:

M. B., æt. forty-five, a railway-car inspector, evidently in poor health, first came under observation in November, 1884, suffering from severe neuralgic pains situated in the upper and inner part of the right thigh. These pains had already lasted some hours, and continued with almost unabated severity thirty-six to forty-eight hours after my first visit, at the end of which time an eruption consisting of several small groups of pin-head- to split-pea-sized vesicles filled with clear serum appeared upon the inner surface of the upper part of the right thigh. The pains now began to diminish in severity, and finally ceased entirely after another day or two. The vesicles, having been ruptured by the patient, who imagined he obtained relief by letting out their contents, rapidly dried into thin crusts which soon fell off, and in a short time all trace of the eruption had vanished.

Three weeks after the attack just described the patient was again seized with severe pain; this time, however, over the sacrum and down the back of the thigh, along the course of the great sciatic nerve. As before, after a duration of a day or two, the pain was followed by an herpetic eruption, in this instance over the sacrum, which ran the same course as the preceding one.

These attacks continued to occur at intervals of three or four weeks for a year or more, the pain and eruption being sometimes situated over the sacrum—the most frequent site—sometimes over the inner surface of the thighs, and once, at least, on the right side of the scrotum. While

¹ Archiv. f. Heilkunde, 1871.

in the great majority of attacks the right thigh was the one affected, yet the left one was occasionally the seat of the neuralgia and eruption; and upon several occasions these were bilateral, both thighs having groups of vesicles upon them. The eruption, when seated upon the sacrum, in those attacks which came directly under my observation, and in all, according to the patient's statement, always occurred upon both sides of the middle line. Under the internal administration of iron, arsenic, and cod-liver oil the intervals between the attacks grew longer; the neuralgia less severe, until an entire year elapsed without a recurrence. Treatment was then pursued in an irregular manner, and, finally, suspended entirely.

Within a few months the disease returned with all its former severity, and, at the time of writing, the patient is just recovering from an attack, the remains of a group of vesicles being yet visible over the sacrum.

While, as a rule, the eruption disappeared without leaving any trace of its existence, yet occasionally scarring resulted; and a recent examination of the affected parts discloses a considerable number of small superficial cicatrices, most abundant over the sacrum.

It is worthy of remark that the severe neuralgic pains are always preceded for a day or two by intense burning sensations, occurring in small circumscribed areas situated most commonly over the anterior surface of the thigh about its middle, but also occasionally on other parts of the limb.

From a careful inquiry into the history of the malady, it was learned that some months before the first seizure—the exact period could not be definitely fixed—the patient had sustained a compound fracture of the right femur, and that the pains during the first year or two after their beginning, although differing in no respect as to severity and location from the subsequent ones, were unaccompanied by any change in the skin. Since its first appearance, however, the herpes has never failed to accompany the neuralgia.

A diligent search of the literature of the subject has enabled me to collect eleven cases of zoster in which from two to seventeen attacks occurred. An analysis of these eleven cases reveals some interesting features as to the etiology, the character of the eruptive lesions, and the course of the disease. In three instances the zoster occupied the face; in five, it occurred over some of the branches of the brachial plexus; in three, the lumbar plexus furnished the nerve supply to the part affected, while in my own case the sciatic and its branches were the seat of the neuralgia.

It is somewhat remarkable that in four out of twelve cases—this includes the one reported in this paper—the eruption was bilateral one or more times. In two of these four cases the bilateral character of the eruption was present in each recurrence; in the remainder, it occurred only exceptionally.

In the three cases reported by Kaposi¹ under the title of "gangrenous recurrent zoster," the eruption departed markedly from the ordinary type of herpes, both as to the character of the individual lesions and their arrangement. At the seat of the eruption the skin appeared as if cauterized by sulphuric acid or caustic potash; small eschars formed, which, after falling off, were followed in time by keloid-like scars. The arrangement of the lesions was peculiar, too, in that they were grouped in a circinate manner, recalling herpes circinatus, and new rings of vesicles were formed at short intervals around the older groups. Nor did the entire eruption appear at once over the course of the nerve affected, but, contrary to the usual course, first appeared over its peripheral branches and extended toward the centre by successive out-breaks. In the first of these three cases there were nine attacks, separated by intervals varying from three weeks to thirteen months.

Kopp² has described a case of zoster of the left side of the face, in which no less than seventeen attacks had occurred in a period of five years, and which produced so marked scarring as to recall that resulting from an attack of variola. In a case reported by Tilbury Fox,³ the eruption, according to the patient's statement, occurred every summer, and was invariably accompanied by a herpes upon the penis. Quite recently von Düring⁴ has given the details of a case of recurrent zoster femoralis, in which erysipelas, and four attacks of what the author calls pseudo-erysipelas—a diffuse reddening of the skin unaccompanied by constitutional disturbance—preceded the herpetic eruption. The zoster occurred at intervals of about six weeks, and occasionally a preputial herpes seemed to take the place of the femoral one, since the interval between the recurrences upon the thigh was much longer when there had been an eruption upon the foreskin. In connection with the last two cases mentioned, reference should be made to Eliot's⁵ case of bilateral recurrent zoster situated upon the side of the neck, in which, likewise, herpes occurred upon the penis.

In a large proportion of these eleven cases—36.3 per cent.—an injury of some kind had preceded the appearance of the disease, and was regarded as its probable exciting cause, not always, however, as it seems to me, with sufficient reason. In a case of ophthalmic zoster reported by Nieden,⁶ in which there had been five attacks in six years, there had been an injury affecting the transverse processes of several of the cervical vertebrae, which was supposed to have brought about secondarily a dis-

¹ Wien. med. Wochenschr., 1874-75-77-79.

² Trophoneuros. der Haut, p. 101.

³ British Medical Journal, 1870.

⁴ Monatsheft f. prak. Dermatol., 1888.

⁵ Journal Cutaneous and Genito-urinary Diseases, September, 1888.

⁶ Mendel's Centralbl., 1882, p. 379.

eased condition of the superior ganglion of the cervical sympathetic. In Kopp's case, quoted above, the patient had received a severe blow upon the head a short time previously; but an examination failed to discover any evidence of injury inflicted by the blow. In a case of femoral zoster reported by Fabre,¹ the eruption appeared for the first time upon a part of the thigh recently bruised by a fall, but the second attack occurred beneath the scapula. As this patient shortly afterward suffered from furunculosis, and was found to have glycosuria, it is much more probable that the diabetes was the causative factor, the appearance of the herpes upon the injured thigh being nothing more than a coincidence. An exceedingly interesting case from an etiological point of view has been briefly described by Jewel,² in which the appearance of a femoral zoster in an unusually stout woman was invariably preceded by violent pains in the uterus. With the cure of the uterine disease the herpetic affection vanished completely. In von Düring's case, referred to above, a severe septic phlegmon of the upper part of the thigh, which required several incisions, was regarded as the cause of the zoster.

From the foregoing brief analysis it is quite evident that recurrent herpes zoster is in many respects, apart from the feature of recurrence, markedly different from the ordinary type, such as is seen, for example, on the side of the thorax, over the course of the intercostal nerves. The repeated attacks, together with the unusually large proportion of cases in which the eruption is bilateral, point to lesions centrally situated, which have produced more or less profound disturbance of trophic centres.

In concluding, I wish to suggest the probability that many cases of labial and preputial herpes, in which recurrences are frequent, may be, in fact, cases of recurrent zoster limited to very small nerve branches.³

¹ Gazette Méd. de Paris, October 20, 1883.

² Trans. Amer. Neurolog. Assoc., 1875.

³ Vide case of recurrent labial herpes, Annales de Dermatol. et de Syphiligraphie, Doyon et Diday, 1884.